

Name  
in  
Full

Amin Olivia Bowman

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> *Laurel* <sup>County</sup> *Knitt*Date of death 1907 <sup>Month</sup> *Oct* <sup>Day</sup> *20* Age <sup>Years</sup> *—* <sup>Months</sup> *19* <sup>Days</sup> *—*Sex *Female* Color or Race *White* Birth-place *Md -*Occupation *—* Where Residing if not at place of death *—*Married, Single or Widowed *—* Name of Wife or Husband *—*Father's Name *Edgar Franklin Bowman* Father's Birthplace *Md -*Mother's Maiden Name *Maudie Brown* Mother's Birthplace *Md -*Name of person giving information *Maudie Bowman (mother)* How related to deceased *Mother*

## CAUSES OF DEATH

Primary *Dysentery* How long *3 weeks + 2 days*Immediate *Meningitis* How long *several days*Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *Harry L. Doda*Address *Chester town, Md*Accident or Suicide? *—*PHYSICIAN  
OR CORONER

J. E. & B. Co.

Name  
in  
Full

Ellen Carter

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Rock Hall</i>		Town <i>Kent</i>		County <i>Kent</i>		MARYLAND	
Date of death <i>1907 Oct.</i>	Month <i>Oct.</i>	Day <i>9</i>	Age <i>54</i>	Years <i>54</i>	Months	Days	
Sex <i>Female</i>	Color or Race <i>Black</i>	Birthplace <i>Maryland</i>					
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>at place of death</i>						
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>William H. Carter</i>						
Father's Name <i>Daniel Murry</i>	Father's Birthplace <i>Maryland</i>						
Mother's Maiden Name <i>Katherine Cook</i>	Mother's Birthplace <i>Maryland</i>						
Name of person giving information <i>William Henry Carter</i>	How related to deceased <i>Husband</i>						

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary <i>Chronic valvular disease of heart</i>	How long <i>3 years</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Thos B. Willson</i>
	Address <i>Edesville Kent Cr</i>
	<i>M. d.</i>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near Kennedyville</i>		Town <i>Kennedyville</i>		County <i>Cleaver</i>		State <i>Missouri</i>	
Date of death <i>1907</i>		Month <i>Oct</i>		Day <i>23</i>		Age <i>-</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Kennedyville</i>		Months <i>-</i>	
Occupation <i>-</i>		Where Residing if not at place of death <i>-</i>		Years <i>-</i>		Days <i>-</i>	
Married, Single or Widowed <i>-</i>		Name of Wife or Husband <i>-</i>		Father's Birthplace <i>Del</i>		Mother's Birthplace <i>Del</i>	
Father's Name <i>Wm B. Cleaver</i>		Mother's Maiden Name <i>Maud Davis</i>		Name of person giving information <i>S</i>		How related to deceased <i>-</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Still birth</i>		How long <i>-</i>	
Immediate <i>-</i>		How long <i>-</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>S L Barwick</i>	
		Address <i>Kennedyville</i>	
Accident or Suicide?		<i>MD</i>	

Still Pond.

Name

In Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

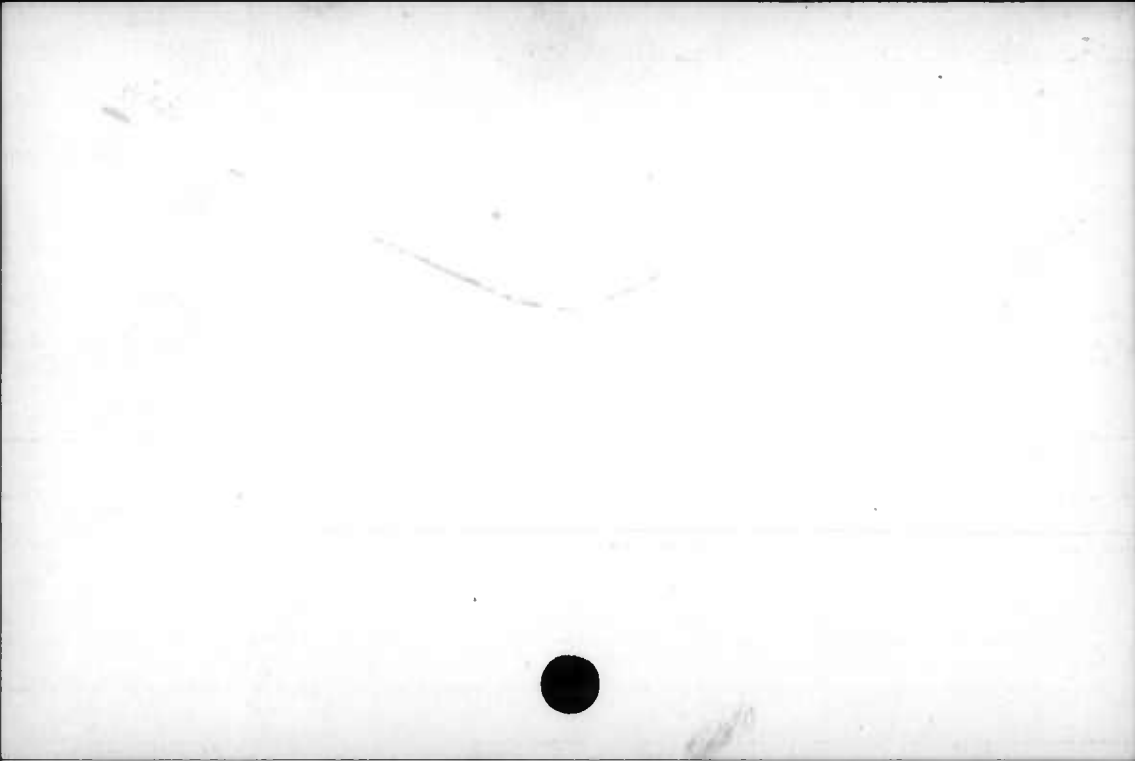
Died at <i>Rock Hall Md</i>		Town <i>Kent</i>		County		MARYLAND	
Date of death <i>1907 Oct 18</i>		Month <i>Oct</i>		Day <i>18</i>		Age <i>3</i> Years <i>Months</i> <i>Days</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>			
Occupation <i>none</i>		Where Residing if not at place of death <i>at Place of Death</i>					
Married, Single or Widowed		Name of Wife or Husband <i>none</i>					
Father's Name <i>John R Dowling</i>		Father's Birthplace <i>Kent Co Md</i>					
Mother's Maiden Name <i>Susan Rodney</i>		Mother's Birthplace <i>Kent Co Md</i>					
Name of person giving information <i>John R Dowling</i>		How related to deceased <i>Father</i>					

## CAUSES OF DEATH

179

PHYSICIAN  
OR CORONER

Primary <i>Do not know</i>	How long
Immediate <i>Supposed to be natural Cause</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>F M Satterfield</i>
<i>Yes</i>	Address <i>S. I. R.</i>
Accident or Suicide? <i>neither</i>	<i>Rock Hall Md</i>



Name  
in  
Full

Mary G. Emerson.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> <i>Millington</i>		<sup>County</sup> <i>Kent</i>		MARYLAND	
Date of death	<i>1907</i>	Month <i>Oct</i>	Day <i>17</i>	Age <i>34</i>	Months <i>9</i> Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation <i>Housewife</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Mary G. Whittington</i>				
Father's Name <i>John W. Whittington</i>	Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>May M. Hadley</i>	Mother's Birthplace <i>Maryland</i>				
Name of person giving information <i>Mrs Annie Harris</i>	How related to deceased <i>Sister</i>				

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary <i>Tuberculous</i>	How long <i>Several years</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Wm Jester M.D.</i>
	Address <i>Millington, Md.</i>
Accident or Suicide?	

Interment  
Millington

Name in Full

Certificate of Death

Lussy F. Foster

Died at <sup>men</sup> <sup>Town</sup> Galena<sup>County</sup> Kent

MARYLAND

Date 1907 <sup>Month</sup> Oct. <sup>Day</sup> 14 <sup>Y.</sup> 1 <sup>M.</sup> 2 <sup>D.</sup> <sup>Native of</sup> Kent Co. Md. <sup>Occupation</sup>

~~Male~~

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of \_\_\_\_\_

Wife

Father's Name Frank Foster

Mother's Name Lula Beutter

Cause of <sup>Primary</sup> Whooping Cough <sup>How long sick</sup> 8 <sup>about</sup> 2 weeks

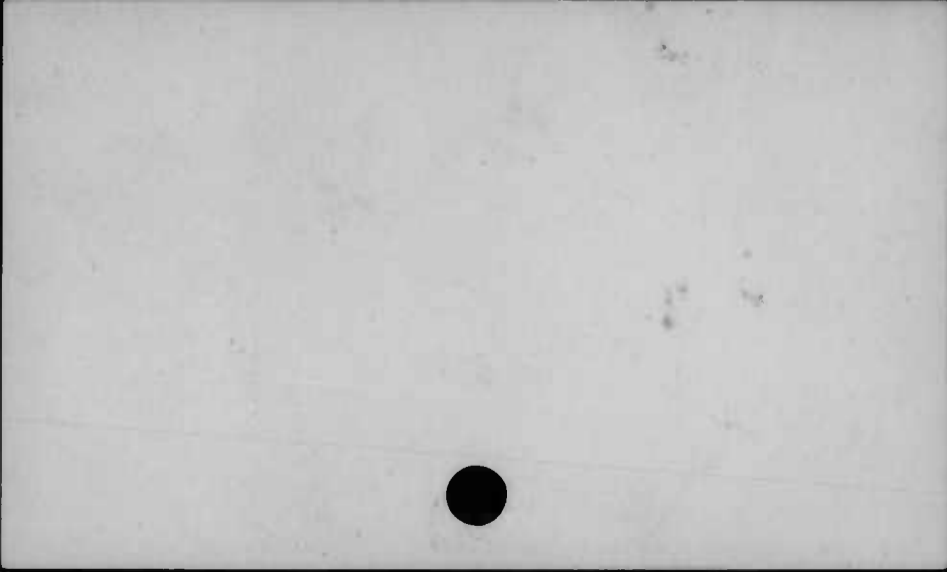
Death <sup>Immediate</sup> Cumulative <sup>Accident, Suicide, Homicide</sup>

Reported by Edward A. Scott

Address Galena Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 76708



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

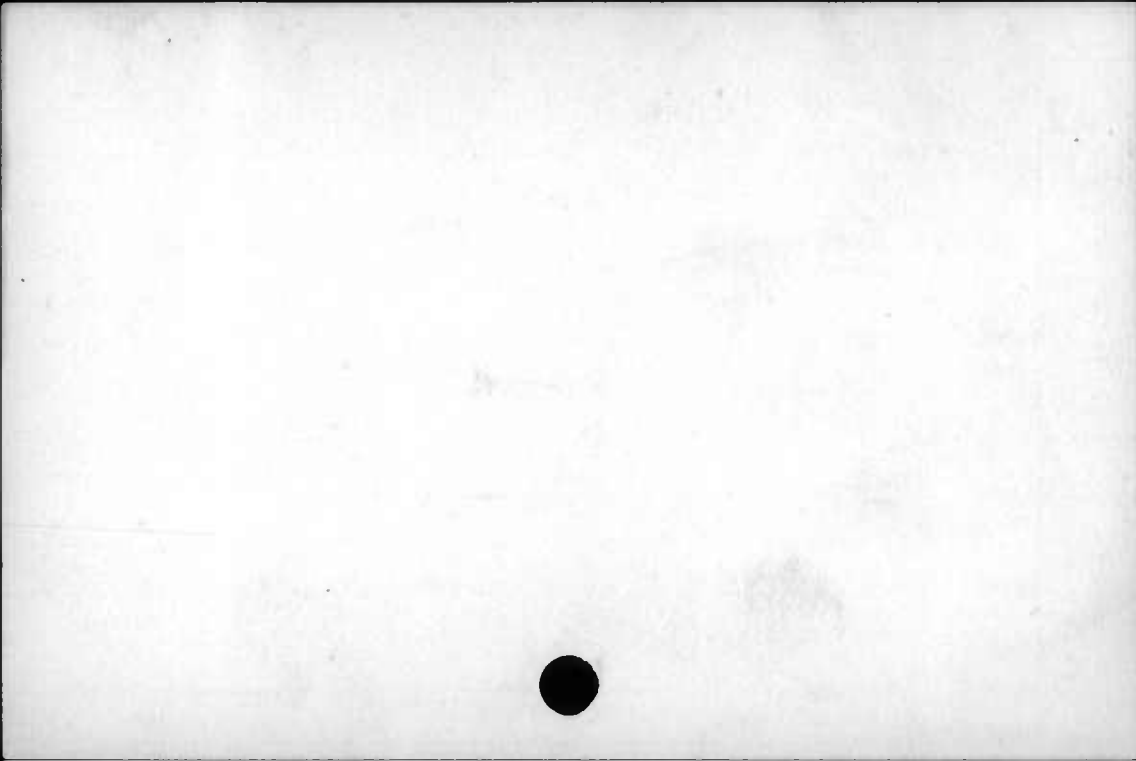
Name <i>Julia Rena Grenell</i>		Town <i>Trumpington near Rock Hall</i>		County <i>Kent Co.</i>		State <i>MARYLAND</i>	
Died at <i>Trumpington near Rock Hall</i>		Month <i>Oct</i>		Day <i>24</i>		Year <i>Sat.</i>	
Date of death <i>1907</i>		Age <i>3</i>		Months <i>10</i>		Days <i>10</i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth- place <i>Kent Co.</i>			
Occupation <i>not any</i>		Where Residing if not at place of death <i>Trumpington Kent Co.</i>					
Married, Single or Widowed <i>single</i>		Name of Wife or Husband <i>not any</i>					
Father's Name <i>Henry Grenell</i>		Father's Birthplace <i>St. Marys Co.</i>					
Mother's Maiden Name <i>Henrietta Pearce</i>		Mother's Birthplace <i>Kent Co. Md.</i>					
Name of person giving in formation <i>Julia Ruggold</i>		How related to deceased <i>not any</i>					

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary <i>Cholera Infantum</i>	How long <i>two weeks</i>
Immediate <i>exhaustion</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. R. D. Call</i>
	Address <i>Rock Hall</i>
Accident or Suicide? <i>neither</i>	



Name  
in  
Full

Arinthia Viola Hackett

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> *Kennedysville* <sup>County</sup> *Hent* **MARYLAND**

Date of death *1907* <sup>Month</sup> *Oct* <sup>Day</sup> *12* <sup>Years</sup> *20* <sup>Months</sup> *7* <sup>Days</sup> *—*

Sex *female* Color or Race *Black* Birth-place *Md*

Occupation *Servant* Where Residing if not at place of death *Near Lynch*

Married, Single or Widowed *Single* Name of Wife or Husband

Father's Name *George Hackett* Father's Birthplace *U. S.*

Mother's Maiden Name *Annie V. Dunn* Mother's Birthplace *U. S.*

Name of person giving information *Geo Hackett* How related to deceased *father*

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary *Pulmonary Phthisis* How long *12 months*

Immediate *Pulmonary tumor cancer* How long *one hour.*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *S. L. Barwick*

Address *Kennedysville Md*

*Accident or Suicide*

SLW Fountain Church

Name  
in  
Full

Louis Horley

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Pomona</i>		Town		County <i>Kent</i>		MARYLAND	
Date of death	<i>1907</i>	Month	<i>Oct</i>	Day	<i>31</i>	Age	<i>40</i>
Sex	<i>Male</i>		Color or Race	<i>Col</i>		Birthplace	<i>Ind</i>
Occupation	<i>Farm hand</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband	<i>Josephine Mitchell</i>			
Father's Name	<i>Wont know</i>				Father's Birthplace	<i>Wont know</i>	
Mother's Maiden Name	<i>Wont know</i>				Mother's Birthplace	<i>Wont know</i>	
Name of person giving information	<i>Wm. C. C. C.</i>				How related to deceased	<i>None</i>	

## CAUSES OF DEATH

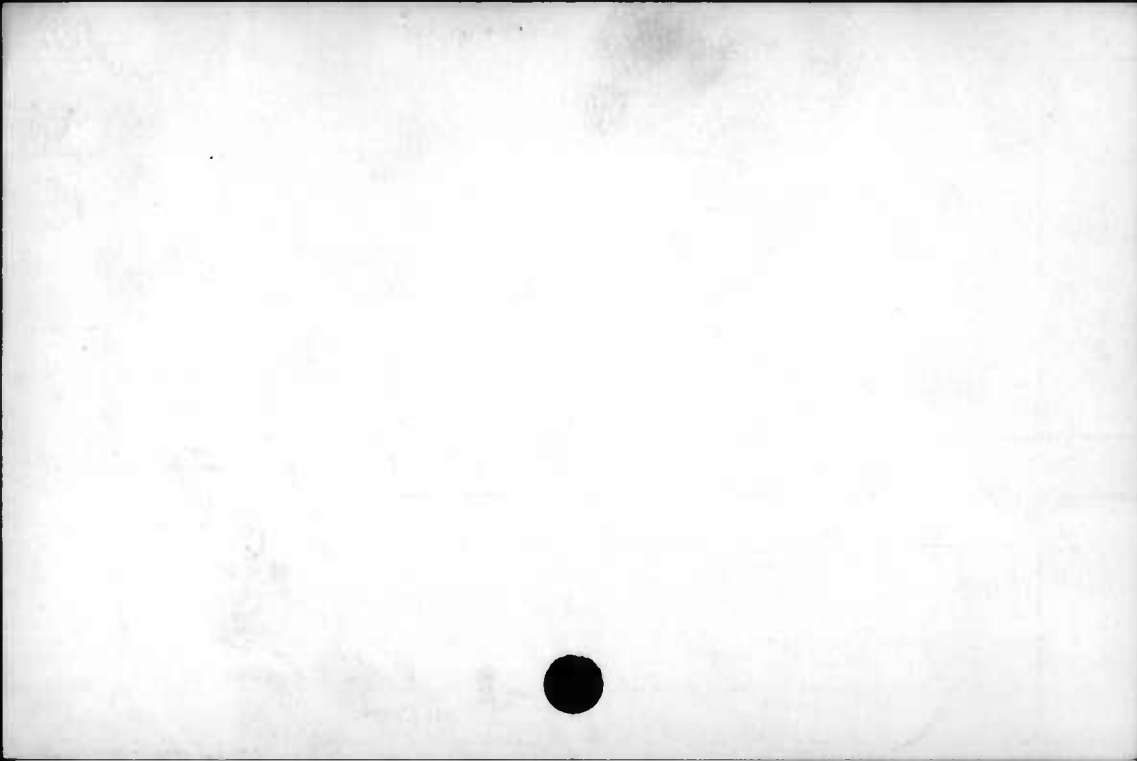
79

PHYSICIAN  
OR CORONER

Primary	<i>Heart disease</i>	How long	<i>Several hours</i>
Immediate	<i>Cardiac failure</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>W. H. V. attending</i>
		Address	<i>119 S. 1st St. See Local Board of Health</i>
Accident or Suicide?	<i>No</i>		

J. E. F Quaker neck

Name is Full		William Henry Hughes.				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Rock Hall		County Kent		
		Date of death		Month October	Day 28	Age 64	Years 8	Months Days
		Sex Male		Color or Race White		Birth- place Baltimore Md		
		Occupation None.		Where Residing if not at place of death				
		Married, Single or Widowed Married		Name of Wife or Husband Sadie B. Leonard-				
		Father's Name John Hughes		Father's Birthplace Hartford, Ct. Md				
		Mother's Maiden Name Henrietta Knapp.		Mother's Birthplace Baltimore Md				
		Name of person giving In formation Charles C. Hughes		How related to deceased Son.				
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary		Paralysis		How long One week		
		Immediate		Exhaustion		How long 3 days		
		Are the name, age, sex, color, date and place correctly given above		yes		Signature of Physician W. M. Beall		
						Address Rock Hall Md		
		Accident or Suicide?						



Name in Full		Chas E Johnson				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Chestertown		County Kent		MARYLAND	
	Date of death	1907	Month Oct	Day 12	Age 59	Years	Months Days
	Sex	Male		Color or Race	Col		Birth-place Md
	Occupation	Carter		Where Residing if not at place of death			
	Married, Single or Widowed	Married		Name of Wife or Husband	Amin E Blake		
	Father's Name	Unknown			Father's Birthplace	Unknown	
	Mother's Maiden Name	Unknown			Mother's Birthplace	Unknown	
Name of person giving information	Henrietta Johnson			How related to deceased	Daughter		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Apoplexy			How long	several days	
	Immediate	Cerebral			How long	several hours	
	Are the name, age, sex, color, date and place correctly given above?	Yes			Signature of Physician	H. G. Jones	
					Address	Chestertown	
	Accident or Suicide?	No					



Name  
in  
Full

Queen Victoria Johnson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

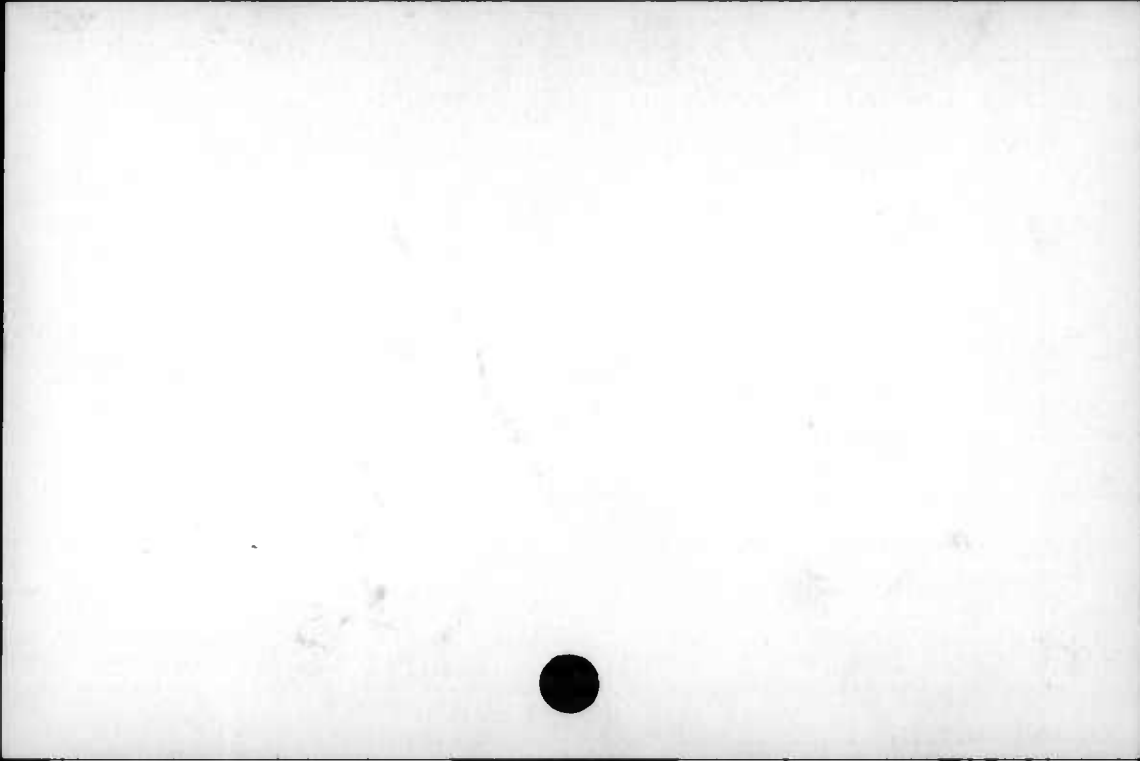
Died at <b>Rock</b> <sup>Town</sup> <b>Hall</b> <sup>County</sup> <b>Kent</b>		MARYLAND	
Date of death <b>1907</b>	Month <b>Oct</b>	Day <b>19</b>	Age <b>7</b> Years <b>7</b> Months <b>—</b> Days <b>—</b>
Sex <b>Female</b>	Color or Race <b>Black</b>	Birth-place <b>Kent - Co Md</b>	
Occupation <b>—</b>		Where Residing <b>not</b> at place of death	
Married, Single or Widowed <b>—</b>		Name of Wife or Husband <b>—</b>	
Father's Name <b>William H Johnson</b>		Father's Birthplace <b>Kent - Co Md</b>	
Mother's Maiden Name <b>Millie Butler</b>		Mother's Birthplace <b>Kent - Co Md</b>	
Name of person giving information <b>William H Johnson</b>		How related to deceased <b>Father</b>	

## CAUSES OF DEATH

1

PHYSICIAN  
OR CORONER

Primary <b>Dysphoid Fever</b>	How long <b>Two Weeks</b>
Immediate <b>Exhaustion</b>	How long <b>3 Days</b>
Are the name, age, sex, color, date and place correctly given above? <b>yes</b>	Signature of Physician <b>G. M. Beall</b>
	Address <b>Rock Hall Md</b>
Accident or Suicide? <b>—</b>	



Name  
in  
Full

William L. Lewis

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at **Still Pond** <sup>Town</sup> **Kent** <sup>County</sup> **MARYLAND**

Date of death **1907** <sup>Month</sup> **Oct** <sup>Day</sup> **29** <sup>Age</sup> **41** <sup>Years</sup> **—** <sup>Months</sup> **—** <sup>Days</sup> **—**

Sex **Male** Color or Race **Black** Birth-place **Virginia**

Occupation **Laborer** Where Residing if not at place of death **—**

Married, Single or Widowed **Married** Name of Wife or Husband **Mary Fairby**

Father's Name **Charles Lewis** Father's Birthplace **Va**

Mother's Maiden Name **Mary Bates** Mother's Birthplace **Va**

Name of person giving information **Mary Lewis** How related to deceased **wife**

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary **Bright disease.** How long **12 months.**

Immediate **Heart failure.** How long **—**

Are the name, age, sex, color, date and place correctly given above? **yes.**

Signature of Physician **W. S. Maxwell.**

Address **Still Pond, Md.**

Accident or Suicide? **—**

Still Pond

Name  
in  
Full

Catherine Mummy

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death	1907	Month	Oct	Day	10	Age	Years
Sex		Female		Color or Race		Col	
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name		John Wilmer		Father's Birthplace		Don't know	
Mother's Maiden Name		Harriet Mummy		Mother's Birthplace		Md	
Name of person giving information		Mother		How related to deceased			

CAUSES OF DEATH

8

PHYSICIAN  
OR CORONER

Primary	Whooping Cough	How long	2 weeks
Immediate	Convulsions	How long	several hours
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		W. H. Attending	
Address		The Sun Room Sec Local Board of Health Chesterton	
Accident or Suicide?		No	

J. E. M. James M. E.

Name  
in  
Full

Infant Myres.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		Oct	6				7
Sex	female		Color or Race	White		Birth place	Ind
Occupation	—		Where Residing if not at place of death		—		
Married, Single or Widowed	—		Name of Wife or Husband				
Father's Name	John Myres					Father's Birthplace	Ind
Mother's Maiden Name	Marie Walker					Mother's Birthplace	Ind
Name of person giving information	John Myres					How related to deceased	father.

## CAUSES OF DEATH

179

PHYSICIAN  
OR CORONER

Primary	Heart failure	How long	6 days.
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	W.S. Maxwell
yes.		Address	Still Pond, Md.
Accident or Suicide?			

St James Church.

Name  
in  
Full

Benjamin Rasin

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Coleman		County Kent		MARYLAND	
Date of death 1907		Month Oct	Day 28	Age 82	Years	Months	Days
Sex Male		Color or Race Black		Birth- place Md			
Occupation Laborer				Where Residing if not at place of death			
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name Kiaeger Rasin		Father's Birthplace Md					
Mother's Maiden Name Angeline Nailer		Mother's Birthplace Md					
Name of person giving In formation George Bottom				How related to deceased Bro-in-law			

## CAUSES OF DEATH

66

PHYSICIAN  
OR CORONER

Primary	Paralysis.	How long	Two weeks.
Immediate	Heart failure.	How long	
Are the name, age, sex, color, date and place correctly given above?		yes.	
Signature of Physician		W. S. Maxwell.	
Address		Still Pond, Md.	
Accident or Suicide?			

Still Pond

Name  
in  
Full

Amanda Robinson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Chestertown</u> <sup>Town</sup>		<u>Kent</u> <sup>County</sup>		MARYLAND	
Date of death	<u>1907</u>	Month <u>Oct</u>	Day <u>30</u>	Age <u>21</u> Years	Months <u>21</u> Days
Sex <u>Female</u>	Color or Race <u>Cool</u>		Birth-place <u>Ind</u>		
Occupation _____			Where Residing if not at place of death _____		
Married, Single or Widowed _____			Name of Wife or Husband _____		
Father's Name <u>Edward Robinson</u>			Father's Birthplace <u>Ind</u>		
Mother's Maiden Name <u>Harriet Berry</u>			Mother's Birthplace <u>Kent - Ireland</u>		
Name of person giving information <u>Father</u>			How related to deceased _____		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Inanition</u>	<u>151</u>	How long <u>since birth</u>
Immediate			How long _____
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>Dr. H. H. Attending</u>	
		Address <u>119 Sumner Ave</u>	
Accident or Suicide? <u>No</u>		<u>Local Board of Health</u>	

J. E. H. James M. E.

Name  
in  
Full

Not. Name &amp;

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Chacter</i> ..		Town <i>Chacter</i>		County <i>Kent.</i>		MARYLAND	
Date of death	1907	Month	Oct.	Day	6	Age	Years — Months — Days 3
Sex	<i>Male.</i>		Color or Race	<i>Black.</i>		Birth-place	<i>Chacter</i>
Occupation	<i>none.</i>		Where Residing if not at place of death —				
Married, Single or Widowed	<input checked="" type="checkbox"/>		Name of Wife or Husband —				
Father's Name	<i>Wm. Edward Robinson</i>					Father's Birthplace	<i>Kent Co Md</i>
Mother's Maiden Name	<i>Harriet Barry</i>					Mother's Birthplace	<i>Lo. Co Md</i>
Name of person giving information	<i>Wm. Edward Robinson</i>					How related to deceased	<i>father</i>

## CAUSES OF DEATH

1571

PHYSICIAN  
OR CORONER

Primary	<i>7 Dec.</i>	How long	<input checked="" type="checkbox"/>
Immediate	<i>Chacter</i>	How long	<input checked="" type="checkbox"/>
Are the name, age, sex, color, date and place correctly given above?	<i>yes.</i>	Signature of Physician	<i>C. M. Keland M.D.</i>
		Address	<i>Chacter Md</i>
Accident or Suicide?			

J. E. F. Jones M. E.

Name  
in  
Full

Annie V. Scott

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near</i> <sup>Town</sup> <i>Stemmedville</i> <sup>County</sup> <i>Hunt</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>Oct</i>	Day <i>11</i>	Age <i>—</i>
Sex <i>female</i>	Color or Race <i>Black</i>	Birth-place <i>Wid</i>	Months <i>4</i>
Occupation <i>—</i>	Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>	Name of Wife or Husband <i>—</i>		
Father's Name <i>Benjamin Scott</i>	Father's Birthplace <i>Wid</i>		
Mother's Maiden Name <i>Annie Townsend</i>	Mother's Birthplace <i>Wid</i>		
Name of person giving information <i>Benj Scott</i>	How related to deceased <i>father</i>		

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary <i>Eutero Colitis</i>	How long <i>2 month.</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>G Edwin Barwick</i>
	Address <i>Kennedymore</i>
	<i>Wid.</i>
Accident or Suicide? <i>—</i>	

Still Pond

Name  
in  
Full

Still Born Starling

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Turner</u> <sup>Town</sup> <u>creek</u> <sup>County</sup> <u>Kent</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>Oct</u>	Day <u>23</u>	Age <u>—</u> Years <u>—</u> Months <u>—</u> Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>Black</u>	Birth-place <u>md</u>	
Occupation <u>—</u>	Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>—</u>		
Father's Name <u>Walter Starling</u>	Father's Birthplace <u>md</u>		
Mother's Maiden Name <u>Bessie Wilmer</u>	Mother's Birthplace <u>md</u>		
Name of person giving information <u>Walter Starling</u>	How related to deceased <u>Father</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>D.K.</u>	How long <u>—</u>
Immediate <u>—</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>W. S. Maxwell</u>
	Address <u>Still Pond. Md.</u>
Accident or Suicide?	

Still Pond

Name in Full		CERTIFICATE OF DEATH			
Ella Louise Stewart		Chester town Kent County MARYLAND			
Died at		Date of death		Age	
Chester town		1907 Oct 23		1	
Sex		Color or Race		Birth place	
Female		Negro		Chester town	
Occupation		Where Residing if not at place of death		Chester town	
Married, Single or Widowed		Name of Wife or Husband		Father's Birthplace	
Single				Kent Co.	
Father's Name		Mother's Maiden Name		Mother's Birthplace	
Samuel Stewart		Sarah Thompson			
Name of person giving information		How related to deceased			
Sara Stewart		Mother			
CAUSES OF DEATH					
Primary		How long			
Whooping Cough Pertussis		10 days			
Immediate		How long			
Convulsions		about half hr.			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Address	
Yes		Frank B. Hines		Chester town	
Accident or Suicide?				Md.	
no					

J. E. F. James M. E.

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Pine Creek</i> Town		<i>Kent</i> County		MARYLAND	
Date of death <i>1907</i> Month <i>Oct</i>		Day <i>5</i> Age		Months <i>6</i>	Days <i>8</i>
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Maryland</i>	
Occupation		Where Residing if not at place of death		<i>at place of death</i>	
Married, Single or Widowed		Name of Wife or Husband <i>Edgar Hoffman Strong</i>			
Father's Name <i>Edgar Hoffman Strong</i>		Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Rose Virginia Crouch</i>		Mother's Birthplace <i>Maryland</i>			
Name of person giving information <i>Father</i>		How related to deceased <i>Father</i>			

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary <i>Gastro Enteritis</i>	How long <i>24 hours</i>
Immediate <i>Constriction of Brain</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Charles Williams</i>
	Address <i>Edesville Kent Co Maryland</i>
Accident or Suicide?	

St Paul Cemetery  
J. N. Dodd.

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Calvin</i> Town <i>Weston</i> County <i>New</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>Oct.</i>	Day <i>26</i>	Age <i>unknown</i> Years Months Days
Sex <i>Female</i>	Color or Race <i>Quaker</i>	Birth-place	
Occupation <i>House work.</i>	Where Residing if not at place of death <i>South</i>		
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Lavinia James</i>		
Father's Name <i>unknown</i>	Father's Birthplace		
Mother's Maiden Name <i>unknown</i>	Mother's Birthplace		
Name of person giving information <i>William Johnson</i>	How related to deceased <i>Grandson</i>		

## CAUSES OF DEATH

179

PHYSICIAN  
OR CORONER

Primary <i>Gen. Debility</i>	How long <i>2 mo.</i>
Immediate <i>Arteriosclerosis</i>	How long <i>2 mo.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. M. D. Smith</i>
	Address <i>Jersey</i>
Accident or Suicide? <i>No</i>	<i>md</i>

J. E. H. Kairlee

Name  
in  
Full

Still Born Infant (Turner)

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near Kennedyville</i>		Town <i>Kennedyville</i>		County <i>Kent</i>		MARYLAND	
Date of death <i>1907</i>		Month <i>Oct</i>		Day <i>8</i>		Age <i>—</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Kennedyville Md</i>		Months <i>—</i>	
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>		Years <i>—</i>		Days <i>—</i>	
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>		Father's Birthplace <i>Md</i>		Mother's Birthplace <i>Md</i>	
Father's Name <i>J. Leonard Turner</i>		Mother's Maiden Name <i>Maggie Lumm</i>		How related to deceased <i>father</i>		Name of person giving information <i>J. Leonard Turner</i>	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Still Born</i>		How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>G. I. Danvers</i>	
		Address <i>Kennedyville Md.</i>	
Accident or Suicide?			

Still Pond

Name in Full

Certificate of Death

Charles B. Vansant

Died at <sup>near</sup> Town LehestervilleCounty Kent

MARYLAND

Date 1907 <sup>Month</sup> Oct. <sup>Day</sup> 6 <sup>Y.</sup> — <sup>M.</sup> 5 1/2 <sup>D.</sup> — <sup>Native of</sup> Kent Co. <sup>Occupation</sup> —

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

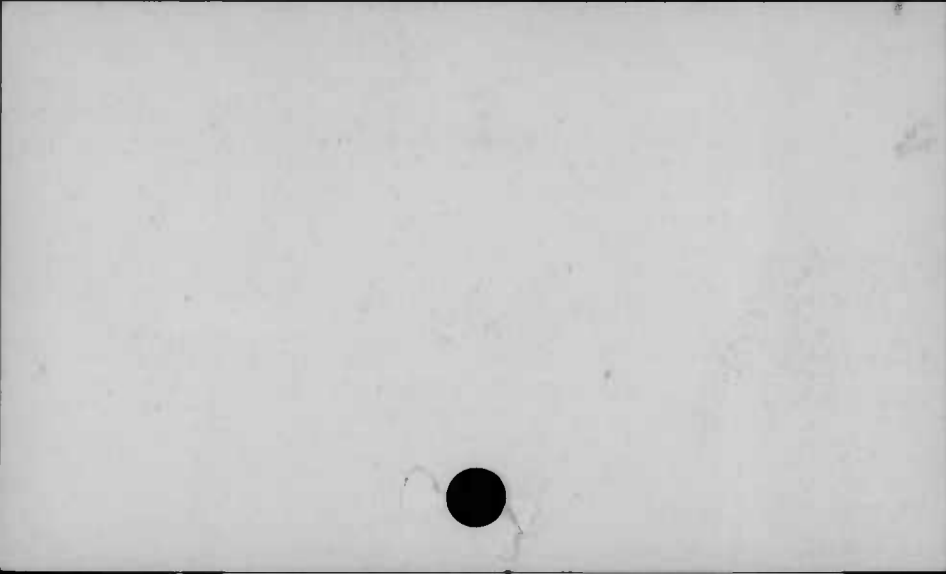
~~Widower~~~~Number of children living~~Husband  
of  
WifeFather's Name Andrew H VansantMother's Name Bertie B. BaylCause of <sup>Primary</sup> Gastritis + EnteritisHow long sick several weeksDeath <sup>Immediate</sup> Colitis105~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78706



Name in Full		Mary Emily Warner				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Millington Kent		County		
		Date of death		1909	Month 10	Day 31	Age 74	Years Months Days
		Sex	Female		Color or Race	White		Birth-place
		Occupation	None		Where Residing if not at place of death		Sol	
		Married, Single or Widowed	Married		Name of Wife or Husband		John W. Warner	
PHYSICIAN OR CORONER		Father's Name	James Hopkins		Father's Birthplace	Sol		
		Mother's Maiden Name	Mary		Mother's Birthplace	H		
		Name of person giving information			How related to deceased			
		CAUSES OF DEATH		Primary		Smith Henry		How long
				Immediate		"		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		R. Comings		134		
		Address		Millington				
		Accident or Suicide?						

